

## NOV 2 9 2004

Technology Center 2600 Serial No. 09/176,171
Amendment in Reply to Office Action of October 18, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Atty. Docket

DOREEN Y. CHENG

PHA 23,503A

Confirmation No. 7868

Serial No. 09/176,171

Group Art Unit: 2632

Filed: OCTOBER 21, 1998

Examiner: T.N. PHAM

Title: DETECTION FOR DIGITAL ELECTRONIC DEVICES

Honorable Commissioner for Patents

Alexandria, VA 22313-1450

## AMENDMENT

Sir:

In response to the Communication mailed October 18, 2004, please amend the above-identified application as follows:

04/14/2005 BALEXAND 00000001 141270 09176171

01 FC:1201

440.00 DA

PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FFF DETERMINATION of information unless it displays a valid OMB contest.

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875  |   |   |                                   |   |                    |                    |                        | Application or Docket Number |                         |                        |  |
|--|---|---|-----------------------------------|---|--------------------|--------------------|------------------------|------------------------------|-------------------------|------------------------|--|
| 29/16/11   |   |   |                                   |   |                    |                    |                        |                              |                         |                        |  |
| L  |   |   | LAIMS AS FILED - PA<br>(Column 1) |   | Column 2)          | SMALL              | SMALL ENTITY           |                              | OTHER THAN SMALL ENTITY |                        |  |
| FOR<br>BASIC FEE   |   | NUM                                       | NUMBER FILED                      |   | SER EXTRA          | RATE               | FEE                    | 1                            | RATE                    | re.c                   |  |
| (3   | 7 CFR 1.16(a))  |   |                                   |   |                    |                    | s                      | 1                            | IXAIE                   | FEE                    |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))   |   |   | minus 20                          | ) = .                                       |                    |                    |                        | OR                           | <b></b>                 | S                      |  |
|  | DEPENDENT CLA<br>CFR 1.16(b))   | IMS                                       | minus 3 =                         |   |                    | X S =              |                        | OR                           | X \$=                   | ļ                      |  |
| ML   | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))                       |   |                                   |   |                    | +s =               |                        | OR                           | X S=                    |                        |  |
| 1 11   | If the difference in column 1 is less than zero, enter "0" in column 2. |   |                                   |   |                    |                    | <del> </del>           | OR                           | + s=                    |                        |  |
|  | CLAIMS AS AMENDED - FART II 1-30-03                                     |   |                                   |   |                    |                    | L                      | OR                           | TOTAL                   | L                      |  |
|  | C   | LAIMS AS AN                               | MENDED                            | - PART II                                   | 30-0               | 2                  |                        |                              |                         |                        |  |
|  | (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST                        |   |                                   |   |                    | SMALL ENTITY       |                        | OTHER THAN<br>SMALL ENTITY   |                         |                        |  |
| ENT A  |   | REMAINING<br>AFTER<br>AMENDMENT           |                                   | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA   | RATE               | ADDI-<br>TIONAL<br>FEE |                              | RATE                    | ADDI-<br>TIONAL        |  |
| AMENDMENT  | Total<br>(37 CFR 1.16(c))   | . 7)                                      | Minus                             | 20  | 2                  | X S=               |                        | OR                           | x s =                   | FEE                    |  |
|  | Independent<br>(37 CFR 1,16(b))   | 3   | Minus                             | ··· <i>\psi</i>                             | =                  | X \$=              |                        | OR                           | x s =                   |                        |  |
| ₹  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))         |   |                                   |   |                    | +s =               |                        | OR                           | +s =                    |                        |  |
| 11-22-0  |   |   |                                   |   | TOTAL<br>ADD'L FEE |                    | OR                     | TOTAL<br>ADD'L FEE           |                         |                        |  |
|  |   | (Column 1)                                |                                   | (Column 2)                                  | (Column 3)         | l.                 |                        | •                            | ,                       |                        |  |
| AMENDMENT B  | E   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA   | RATE               | ADDI-<br>TIONAL<br>FEE |                              | RATE                    | ADDI-<br>TIONAL        |  |
| DMI  | Total<br>(37 CFR 1.16(c))   | 14  | Minus                             | Do  |                    | . x s =            |                        | OR                           | x s =                   | FEE                    |  |
| MEN  | Independent<br>(37 CFR 1.16(b))   | '9  | Minus                             | ···   | -5                 | x s=               |                        | OR                           | x s =                   | ,                      |  |
| ₹  | FIRST PRESENT   | ATION OF MULTIPL                          | +s =                              |   | OR                 | +s =               | _                      |                              |                         |                        |  |
|  |   |   |                                   |   |                    | TOTAL<br>ADD'L FEE |                        | OR                           | TOTAL<br>ADD'L FEE      |                        |  |
|  |   | (Column 1)                                |                                   | (Column 2)                                  | (Column 3)         |                    |                        |                              |                         |                        |  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA   | RATE               | ADDI-<br>TIONAL<br>FEE |                              | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
|  | Total<br>(37 CFR 1.16(c))   |   | Minus                             | ••  | =                  | x s =              |                        | OR                           | x s =                   |                        |  |
|  | Independent<br>(37 CFR 1,16(b))   | •   | Minus                             | ***   | =                  | x \$=              |                        | OR                           | x \$ =                  |                        |  |
| ¥  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))         |   |                                   |   |                    | +s =               |                        | OR                           | + \$ =                  |                        |  |
|  |   |   |                                   |   |                    | TOTAL<br>ADD'L FEE |                        | OR                           | TOTAL<br>ADD'L FEE      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3 enter "2". |   |   |                                   |   |                    |                    |                        |                              |                         |                        |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  |   |   |                                   |   |                    |                    |                        |                              |                         |                        |  |

Ine "Highest Number Previously Paid For" (Lotal or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

|   |  |  |                                   | Application or Docket Number                |                  |                |                        |                     |                     |                        |  |
|---|--|--|-----------------------------------|---|------------------|----------------|------------------------|---------------------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 1997  9/176171  |  |  |                                   |   |                  |                |                        |                     |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |  |                                   |   |                  |                | ALL ENTITY             | OR                  | OTHER<br>SMALL      | THAN<br>ENTITY         |  |
| FOR   |  | NUM  | BER FILED                         | NUMBER                                      | NUMBER EXTRA     |                | FEE                    |                     | RATE                | FEE                    |  |
| BASI  | CFEE   |  |                                   |   |                  |                | 395.00                 | OR                  |                     | 790.00                 |  |
| TOTA  | L CLAIMS                                       |  | 13 minus                          | 20 =  |                  | x\$11=         |                        | OR                  | x\$22=              |                        |  |
| INDE  | PENDENT CLA                                    | MMS  | 4 minu                            | 18 3 = 1                                    | . 1              |                | x41=                   |                     | x82=                | 82                     |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |  |                                   |   |                  | +135           | =                      | OR                  | +270=               | <u> </u>               |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |  |                                   |   |                  | TOTA           | L                      | OR                  | TOTAL               | 872                    |  |
|   | CLAIMS AS AMENDED - PART II                    |  |                                   |   |                  |                |                        | <b>2</b> O          | OTUE                | THAN                   |  |
|   | A  | (Column 1)                                     |                                   | (Column 2) (Column 3                        |                  | SMA            | ALL ENTITY             | OR                  |                     | R THAN<br>ENTITY       |  |
| AMENDMENT   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMEN       |                                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATI           | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| MO  | Total  | · /6   | Minus                             | " 2G  | = //             | x\$11          | =                      | OR                  | x\$22=              |                        |  |
| ME  | Independent                                    | · 3  | Minus                             | 4   | =(/              | x41:           | =                      | OR                  | x82=                |                        |  |
|   | FIRST PRES                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                   |   |                  | +135           | =                      | OR                  | +270=               |                        |  |
|   | B 9-23-0                                       |  |                                   |   | TOT<br>ADDIT. F  |                | OR                     | TOTAL<br>ADDIT, FEE |                     |                        |  |
|   |  | (Column 1)<br>CLAIMS                           | 533347010                         | (Column 2)<br>HIGHEST                       | (Column 3)       |                |                        | 1                   | <b>.</b>            |                        |  |
| NDMENT B  |  | REMAINING<br>AFTER<br>AMENDMEN                 |                                   | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA | RAT            | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| MQN   | Total  | . 18   | Minus                             | 30  | = /              | x\$11          | =                      | OR                  | x\$22=              |                        |  |
| 116   | Independent                                    | . 3  | Minus                             | 4   | =/               | x41            | =                      | OR                  | x82=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                   |   |                  |                | j=                     | OR                  | +270=               |                        |  |
|   | C  | (Column 1)                                     | · · · · · · · · · · · · · · · · · | 2 (Column 2)                                | (Column 3)       | TO<br>ADDIT. F |                        | OR                  | TOTAL<br>ADDIT. FEE |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAININ<br>AFTER<br>AMENDMEI        |                                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RAT            | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 17   | Minus                             | 30  | = /              | x\$11          | =                      | OR                  | x\$22=              | 5                      |  |
|   | Independent                                    | . 3  | Minus                             | 4   | =/               | x41            | =                      | OR                  | x82=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                   |   |                  | +135           | j=                     | OR                  | +270=               |                        |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20."  The "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1. |  |  |                                   |   |                  |                |                        |                     |                     |                        |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.   |  |  |                                   |   |                  |                |                        |                     |                     |                        |  |